

Outpatient Mental Health Services and Managed Care

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Objectives

- Provide an overview of managed care and Medicaid (SC Healthy Connections) eligibility
- Provide information on necessary provider enrollment NPI and taxonomy changes for correct billing and payment
- Understand changes in the service delivery system for outpatient mental health services

Managed Care Background



Managed Care in South Carolina

- Prior to 1996 Medicaid reimbursed for services via a fee for service payment mechanism
- 1996 SCDHHS creates the following managed care options
 - Managed Care Organizations
 - Physician Enhanced Program (PEP)
 - Healthy Options Program (HOP)
- In 2007 the Medical Homes Network (MHN) model replaced the Healthy Options Program and Physician Enhanced Program.
- In 2007 SCDHHS began utilizing a contracted enrollment broker to assist with beneficiary enrollment and full education of managed care benefits.
- In 2010 SCDHHS required most eligible Medicaid members to mandatorily enroll with managed care
 - Over the next two years enrollment in either an MCO or MHN increased to its current level of 67% of the enrolled SC Medicaid population.
- In 2014 SCDHHS eliminated the MHN option



Why Carve in Behavioral Health?

- Coordination of services
 - SCDHHS needs to ensure that both the physical and mental health of our members are being coordinated and managed
 - Current fragmentation can lead to duplication of services, medication issues and poor member outcomes
 - The service carve-in will help to ensure that members begin receiving the full service array from their chosen MCO



Upcoming Changes

- Effective with dates of service on or after July 1, 2016 all Rehabilitative Behavioral Health (RBHS) and Outpatient mental health services will be covered by the Managed Care Organizations (MCOs)
- Providers of RBHS and Outpatient Mental Health services will need to contract with each members MCO if they wish to continue providing services

Upcoming Changes

- Rehabilitative Behavioral Health Services include behavior modification, psychosocial rehabilitative services and Family Support Services
- Outpatient mental health services include all other counseling services some of which are already provided in the managed care environment
- The change is that we are including additional state agencies and providers that were previously excluded from managed care



Upcoming Changes

- Behavior Modification: Face to face service used to provide the beneficiary with in-vivo redirection and modeling of appropriate behaviors in order to enhance function in the home and/or community
- Psychosocial Rehabilitative Services: Face to face service intended to as a skill building service, not a form of psychotherapy or counseling
- Family Support Services: Face to face service utilized to enable the family or caregiver to serve as an engaged member of the beneficiary treatment team and/or improve the ability of the family to care for the beneficiary



Upcoming changes, cont.

- Providers of Outpatient Mental Health and RBHS services will need to contact the member's managed care organization for authorization of service
- Effective with dates of service on or after July 1, 2016 claims must be submitted to the MCOs for MCO enrolled members
- Fee-for-Service Members
 - Submit claims to SCDHHS
- Same billing procedures (codes and fees) across MCO and FFS members



Eligibility Overview



MCO, FFS Comparison

- Fee-for-Service (FFS) is commonly referred to as traditional Medicaid (a.k.a. SC Healthy Connections)
 - Beneficiaries may receive services from any provider who is enrolled in Medicaid
 - Claims are submitted to Medicaid (SCDHHS) for adjudication
- Managed Care Organizations (MCOs) are fully capitated, riskbased managed care models (think of a commercial HMO)
 - Network of providers (PCP, specialist, hospitals, pharmacy, DME, behavioral health, etc.)
 - Enrolled members receive treatment from contracted (participating) providers
 - All providers are required to be a Medicaid enrolled provider
 - MCO authorizes services and adjudicates claims



MCO, FFS Comparison

- Five MCOs participate in SC Healthy Connections:
 - Absolute Total Care / Centpatico
 - BlueChoice HealthPlan Medicaid
 - First Choice by Select Health
 - Molina HealthCare
 - WellCare
- Medicaid members enrolled with any of these Managed care organizations will follow the MCO's authorization and payment rules

MCO, FFS Comparison

- Not all SC Healthy Connections (a.k.a. Medicaid) beneficiaries may participate in managed care
- Most beneficiaries are required to participate and may select an MCO
 - Failure to select a plan results in assignment for this population
- MCO enrollment always begins on the 1st of the month and ends on the last day of the month



Eligibility Categories and Status with Managed Care

Managed Care Eligibility and Eligibility Categories

Eli	gible for Mandatory Assignment Requires Participation MCO
11	MAO (Extended/Transitional
12	OCWI (Infants)
	Pass Along Eligibles
	Early Widows/Widowers
18	Disabled Widows/Widowers
19	Disabled Adult Children
20	Pass Along Children
	Aged, Blind Disabled (ABD) (Over Age
32	18)
	Working Disabled
59	Low Income Families
71	Breast and Cervical Cancer
80	SSI (Over Age 18)
81	SSI w/Essential Spouse (Over Age 18)
87	OCWI Pregnant Women/Infants
	OCWI Partners for Healthy Children
91	Ribicoff Children

Voluntary Enrollment Only		
Choice	of Managed Care or Fee For Service	
13	MAO (Foster care/Adoption)	
31	Title IV-E Foster Care	
	Aged, Blind Disabled (ABD) (Under	
	Age 19)	
	Title IV-E Adoption Assistance	
57	Katie Beckett/TEFRA	
	Regular Foster Care	
61	Adult Former Foster Care	
80	SSI (Under Age 19)	
	SSI w/Essential Spouse (Under Age	
81	19)	
85	Optional Supplement	
	Optional Supplement & SSI	
RSP	Description	
	Interagency Sys. Of Care for	
ISED	Emotionally Disturbed Children	
CHPC	Children's Personal Care	
MCPC	Intergrated Personal Care Services	
FOST	Foster Care Children	
	Members who are indians and part of a	
	federally recognized tribe	

	ible to Participate in Managed Care
	MAO (Nursing Home)
	MAO (General Hospital)
	MAO (Waivers-Home and Community)
33	ABD Nursing Home
48	Qualified Individuals (QI)
50	Qualified Disabled Working Individual
52	SLMB
	SSI Nursing Home
55	Family Planning
70	Refuge Entrant
90	Qualified Medicare Beneficiary
Limited	Benefit Indicators: E, I, C, D, J, P, A
RSP	Description
	Program For All Inclusive Care for the
MCSC	Elderly (PACE)
AUTW	Pervasive Developmental Disorder Waiver
CLTC	Community Choices Waiver
CSWE	Community Supports Waiver-Est.
CSWN	Community Supports Waiver-New
	Intellectually Disabled/Related Disability
DMRE	Waiver-Est.
	Intellectually Disabled/Related Disability
DMRN	Waiver-New
LIGOE	Lload and Chinal Card Waiver Fat
HSCE HSCN	Head and Spinal Cord Waiver-Est. Head and Spinal Cord Waiver-New
HIVA	HIV/AIDS Waiver
TBRS	
	Tuberculosis Program
VENT	Mechanical Ventilator Dependent Waiver
PRTF	Psychiatric Residential Treatment Facility
MCHS	Hospice
	Dual Eligibles (Medicare/Medicaid)
	Beneficiaries who have private managed



Eligibility

- Medicaid (SC Healthy Connections) eligibility may be made retroactive up to 3 months and always begins on the 1st of the month
- Enrollment into a managed care organization (MCO) will not be retroactive and will be made effective the 1st of the month following member choice or assignment



Eligibility, cont.

- Member loses and regains Medicaid (SC Healthy Connections) eligibility – Gap will be FFS
- All Medicaid beneficiaries are issued a SC Healthy Connections (Medicaid) ID card
- MCO enrolled members will have a SC Healthy Connections (Medicaid card) and an MCO specific card
- Having a SC Healthy Connections and/or MCO issued card does not guarantee eligibility

GOLDEN RULE: ALWAYS CHECK ELIGIBILITY ON THE DATE OF SERVICE



FFS Beneficiary

Beneficiary Data

Name: ADRIAN S ID Number:

Gender: MALE Birth Date: 03/27/1998

Address: 319 YOUNG City/State/Zip: ROCK HILL, SC 29730

Eligibility or Benefit Information

Beneficiary is: ELIGIBLE Qualified Medicare Beneficiary: N/A

Payment Catagory: CHILDREN UNDER POVERTY Home visits remaining: 50

CoPay Exempt: YES Ambulatory visits remaining: N/A

Limited Benefit: N/A Chiropractic visits remaining: 6

Qual. Catagory: AFDC AND AFDC RELATED GROUPS Mental Health services remaining: 12

Rehabilitative services remaining: 420

Beneficiary Special Programs Data

Description: N/A Message: N/A

TPL - Third Party Liability

Medicare A: N/A Medicare B: N/A Medicare ID: N/A



MCO Beneficiary

Beneficiary Data

Name: ANNA M ID Number:

Gender: FEMALE Birth Date: 09/25/1991

Address: 1982 City/State/Zip: ROCK HILL, SC 29730

Eligibility or Benefit Information

Beneficiary is: ELIGIBLE Qualified Medicare Beneficiary: N/A

Payment Catagory: PREGNANT WOMEN UNDER POVERTY Home visits remaining: 50

CoPay Exempt: YES Ambulatory visits remaining: 12
Limited Benefit: N/A Chiropractic visits remaining: 6

Qual. Catagory: AFDC AND AFDC RELATED GROUPS Mental Health services remaining: 12

Rehabilitative services remaining: N/A

Beneficiary Special Programs Data

Description: MCHM, MCO

Message: NOTE! BENEFICIARY(-IES) WITH A MGD

CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR AUTHORIZATION FROM THE PROVIDER

OR HMO LISTED BELOW.

Anniversary Date: 05/01/2013

Provider ID: HM3200

Organization: BLUECHOICE HEALTHPLAN SC

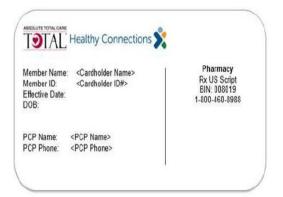
Address: PO BOX 100124

City/State/Zip: COLUMBIA, SC 29202-3124

Telephone: 866-757-8286

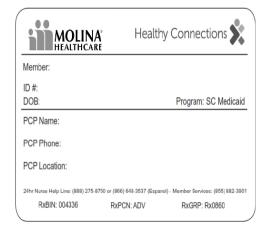


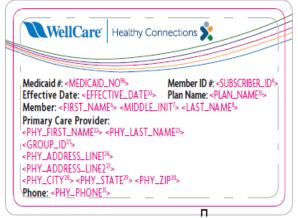
MCO Member ID Cards













Provider Enrollment and MCO Contracting



Provider Enrollment

- Currently some providers are enrolled with SC Healthy Connections which will make future billing and claim reimbursement difficult
- These providers may have the following issues with their current enrollment:
 - The current taxonomy code on the provider file will not work for future managed care billing
 - The provider has one National Provider ID (NPI) but many different legacy Medicaid provider numbers
 - The provider does not have an NPI and taxonomy number



Taxonomy Code Issue

- To contract with MCOs and bill for services rendered, providers of these RBHS and outpatient mental health service providers should have the following taxonomies:
 - Private RBHS Providers <u>251S00000X</u>
 - DMH Community Mental Health Clinics <u>261QM0801X</u>
 - Local Education Agencies <u>251300000X</u>
 - DAODAS Commissions <u>261QR0405X</u>
- If you are unsure of your taxonomy code please complete a taxonomy code change form.





SC Healthy Connections Medicaid Taxonomy Number Change-Private RBHS Providers

Current Enrollment with Medicaid-If enrolled with Medicaid with several provider numbers please utilize the number that you will be using for Rehabilitative Behavioral Health Services

Medicaid Provider ID (six digit Legacy ID)	
Provider NPI	
Taxonomy Code	

To: SCDHHS Provider Enrollment

I must amend my current enrollment with SCDHHS in order to continue to be able to bill and receive payment for Rehabilitative Behavioral Health Services through both managed care organizations and Medicaid FFS. I would like to change my current taxonomy code reflected above to 251500000X in order to ensure that I am able to proceed with future contracting and service provision through South Carolina Medicaid Managed Care Organizations.

Provider Name:	
Representative Name:	
Representative Signature:_	



SC Healthy Connections Medicaid Taxonomy Number Change- DAODAS Commissions

Current Enrollment with Medicaid-If enrolled with Medicaid with several provider numbers please utilize the number that you will be using for Rehabilitative Behavioral Health Services

Medicaid Provider ID (six digit Legacy ID)	
Provider NPI	
Taxonomy Code	

To: SCDHHS Provider Enrollment

I must amend my current enrollment with SCDHHS in order to continue to be able to bill and receive payment for Rehabilitative Behavioral Health Services through both managed care organizations and Medicaid FFS. I would like to change my current taxonomy code reflected above to 261QR0405X in order to ensure that I am able to proceed with future contracting and service provision through South Carolina Medicaid Managed Care Organizations.

Provider Name:	
Representative Name:	
Representative Signature:	





SC Healthy Connections Medicaid Taxonomy Number Change-School Districts

Current Enrollment with Medicaid-If enrolled with Medicaid with several provider numbers please utilize the number that you will be using for Rehabilitative Behavioral Health Services

Medicaid Provider ID	
(six digit Legacy ID)	
Provider NPI	
Taxonomy Code	

To: SCDHHS Provider Enrollment

I must amend my current enrollment with SCDHHS in order to continue to be able to bill and receive payment for Rehabilitative Behavioral Health Services through both managed care organizations and Medicaid FFS. I would like to change my current taxonomy code reflected above to 251300000X in order to ensure that I am able to proceed with future contracting and service provision through South Carolina Medicaid Managed Care Organizations.

Provider Name:	
Representative Name:	
Representative Signature:	





SC Healthy Connections Medicaid Taxonomy Number Change- DMH Community Mental Health Clinics

Current Enrollment with Medicaid-If enrolled with Medicaid with several provider numbers please utilize the number that you will be using for Rehabilitative Behavioral Health Services

Medicaid Provider ID	
(six digit Legacy ID)	
Provider NPI	
Taxonomy Code	

To: SCDHHS Provider Enrollment

I must amend my current enrollment with SCDHHS in order to continue to be able to bill and receive payment for Rehabilitative Behavioral Health Services through both managed care organizations and Medicaid FFS. I would like to change my current taxonomy code reflected above to 261QM0801X in order to ensure that I am able to proceed with future contracting and service provision through South Carolina Medicaid Managed Care Organizations.

Provider Name:	
Representative Name:	
Representative Signature:	



One NPI/Many Medicaid Legacy ID's Issue

- If you have one National Provider ID (NPI) but many Medicaid legacy provider ID's (six digit SCDHHS issued ID) you will need additional NPI's and taxonomy codes in order to contract with the MCOs and bill for services
- If you need additional NPI's you will need to apply for those at NPPES https://nppes.cms.hhs.gov/NPPES/Welcome.do
- When you obtain this new information please contact Jon Tapley, Tapley@scdhhs.gov



No NPI but have a Medicaid ID

 If you do not have a National Provider ID (NPI) but have a Medicaid legacy provider ID (six digit SCDHHS issued ID) you will need an NPI and taxonomy number in order to contract with the MCOs and bill for services

 If you need an NPI and taxonomy you will need to apply for those at NPPES https://nppes.cms.hhs.gov/NPPES/Welcome.do



SC Healthy Connections Medicaid NPI Addition

Current Enrollment with Medicaid-If enrolled with a Medicaid legacy ID but no NPI or Taxonomy Please complete the following Information

Medicaid Provider ID	
(six digit Legacy ID)	
New Provider NPI	
New Taxonomy Code	

To: SCDHHS Provider Enrollment

I must amend my current enrollment with SCDHHS in order to continue to be able to bill and receive payment for Rehabilitative Behavioral Health Services through both managed care organizations and Medicaid FFS. I would like to change my current Medicaid enrollment information and add an NPI and taxonomy code to my record in order to ensure that I am able to proceed with future contracting and service provision through South Carolina Medicaid Managed Care Organizations.

Provider Name:	
Representative Name:	
Representative Signature:	



MCO Enrollment Contracting and Billing



MCO Contracting and Enrollment

- Currently Medicaid enrolled providers will need to reach out to each managed care company to begin the process of contracting and enrolling
- Freedom of choice applies to enrollment and contracting with MCOs
 - Providers can choose to contract with some MCO's but not others
 - MCO's may choose to contract with some providers and not others
- Start the contracting and enrollment process early so you know which plans you will be working with in the future



MCO Contact List

Managed Care Organization Name	Phone Number for Providers	Managed Care Website Address
Absolute Total Care	1-866-433-6041	Absolute Total Care: www.absolutetotalcare.com Cenpatico: www.cenpatico.com/providers/states/south-carolina/?state=South-Carolina
BlueChoice Healthplan Medicaid	1-866-757-8286	www.bluechoicescmedicaid.com
First Choice by Select Health	1-800-741-6605	www.selectheathofsc.com
Molina Health Care of South Carolina	1-855-237-6178	http://www.molinahealthcare.com/members/sc/enus/Pages/home.aspx
WellCare of South Carolina	1-888-588-9842	https://www.wellcare.com/South-Carolina



MCO Prior Authorization

Managed Care Organization Name	Phone Number for Prior Authorization	Managed Care Website Address
Absolute Total Care	1-866-433-6041	Absolute Total Care: www.absolutetotalcare.com Cenpatico: www.cenpatico.com/providers/states/south-carolina/?state=South-Carolina
BlueChoice Healthplan Medicaid	1-866-902-1689	www.bluechoicescmedicaid.com
First Choice by Select Health	1-888-559-1010 opt 4	www.selectheathofsc.com
Molina Health Care of South Carolina	1-855-237-6178	http://www.molinahealthcare.com/members/sc/enus/Pages/home.aspx
WellCare of South Carolina	1-888-588-9842	https://www.wellcare.com/South-Carolina



Billing for Medicaid Managed Care Members

- Services should be billed on the CMS 1500 claim form
- All MCO's can accept either hardcopy or electronic billing
- Average claim turnaround time can vary by MCO but normally is around 30 days from the filing date
- All the MCO's have a website. Make sure to access the site often as these sites normally have the most recent policy information.





